

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031854

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 186

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

11265

20760

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9332X

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED AUG 26 1963

a. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Washington

Length of stay in 1b
3 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Osage

c. CITY OR TOWN
Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
8 Mi. South of Morrison
Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED First Middle Last
BERNHARD EMIL ALBERT ERFLING

4. DATE OF DEATH Month Day Year
Aug. 15, 1963

5. SEX Male

6. COLOR OR RACE Cau.

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-18-1918

9. AGE (last birthday) 44

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Hope Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Simon Erfling

13b. MOTHER'S MAIDEN NAME

Ida Kuester

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Fritz Erfling RFD Morrison, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral vascular thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20c. TIME OF INJURY Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-31-63 to 8-15-63 and last saw her alive on 8-15-63
Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Carol T. Shaw, M.D.

22b. ADDRESS Hermann, Missouri
22c. DATE SIGNED 8-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 8-18-1963

23c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery

23d. LOCATION (City, town, or county) (State)
Morrison, Missouri

24. FUNERAL DIRECTOR ADDRESS
Herman Blumer, Inc.--Hermann, Mo.

25. DATE RECD. BY LOCAL REG. 8/17/63

26. REGISTRAR'S SIGNATURE Leola C. Hudmann

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oswald L. Groun

Licensed Embalmer No. 5187

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.